24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if X 24-hour report 48-hour report X New report X Amends report file	ed on May / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Alliance Graphics	04 22 2016
Mailing Address 1101 8th Street	Amount
City State Zip Code	1437.82
Berkeley CA 94710	Transaction ID : D712978 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	04 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: House District: 00
Develo Condon	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary General Other (specify) General
Full Name of Payee	Date of Public Distribution/Dissemination
National Nurses United	04 21 2016
Mailing Address 155 Grand Avenue	Amount
City State Zip Code	200.00
Oakland CA 94612	Transaction ID : D712975 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad Category/ Type	04 / 22 / Y 2016
Name of Federal Candidate Support Off	ice Sought: House District: 00
Bernie Sanders Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Display 10003.05	sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	1637.82
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	•
Martha Kuhl [Electronically Filed] Date	04 22 2016
Signature	